



# North Coast Housing Connections

1440 Rockside Road, Suite 306, Parma, Ohio 44134

Phone (216) 661-2015 • Fax (216) 661-2021

## Family Self-Sufficiency (FSS) Program Application

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Are you currently receiving HCV or PB assistance from North Coast Housing Connections (NCHC)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Note: You must currently be enrolled in the NCHC Housing Choice Voucher Program or Project-Based Program.**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, where? \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Are you currently enrolled in a school or training program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_ Major: \_\_\_\_\_

When will you graduate? \_\_\_\_\_ Type of Degree: \_\_\_\_\_

Is anyone in your household currently receiving welfare cash assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Your answers to the above questions will not be used against you or for you in any manner regarding the selection of persons for participation in the FSS Program. The information you provide on this application will only be used to assess your needs in setting and defining goals to be accomplished should you be invited to join the program.

I understand that this is an application for the Housing Choice Voucher Family Self-Sufficiency Program. I also understand that the number of people NCHC can accept into the program is limited and that no guarantee of acceptance into the program has been made or implied by the NCHC.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form via email or drop it off to:

**Natalia Trinidad**

FSS Program Administrator

1440 Rockside Road, Suite 306

Parma, Ohio 44134

Phone: 216-661-2015, Ext. 17 / Email: [Natalia@parmahousing.org](mailto:Natalia@parmahousing.org)